## IOWA DEPARTMENT OF HUMAN SERVICES

PAGE 1 AS OF 01/31/11 MEDICAID MANAGEMENT INFORMATION SYSTEM RUN DATE 01/29/11

> TITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE) (MONTHLY TOTALS AS OF 01/31/11)

> > \* \* \* \* \* A V E R A G E S \* \* \* \* \* \* \*

CATEGORY OF SERVICE	RECIPIENTS	NUMBER OF	F UNITS OF SERVICE	TOTAL PAYMENT	COST PER UNIT OF	COST PER UNITS PER ELIGIBLE RECIPIENT RECIPIENT SERVED		COST PER RECIPIENT SERVED
The state of the s	SERVED	CLAIMS			SERVICE			
INPATIENT	7,054	7,405	43,160	\$36,253,034.89	\$839.97	\$77.72	6.1	\$5,139.36
OUTPATIENT	70,455	108,056	1,502,279	\$21,685,825.79	\$14.44	\$46.49	21.3	\$307.80
CHILD PART HOSP	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
CHILD DAY TREATMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ADULT PART HOSP	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ADULT DAY TREATMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
SKILLED NURSING FACILITY	990	1,178	16,219	\$3,053,926.33	\$188.29	\$6.55	16.4	\$3,084.77
INTERMEDIATE CARE FACILITY	11,228	11,781	346,331	\$41,527,909.07	\$119.91	\$89.03	30.8	\$3,698.60
INTER CARE MENTAL RETARDA	1,762	1,760	52,469	\$16,063,982.18	\$306.16	\$34.44	29.8	\$9,116.90
NURSING FAC FOR MENTAL ILL	36	48	1,475	\$471,413.57	\$319.60	\$2.00	41.0	\$13,094.82
HOME HEALTH	14,969	19,437	282,426	\$8,921,523.89	\$31.59	\$19.13	18.9	\$596.00
LEAD INSPECTION AGENCY	5	4	4	\$1,055.06	\$263.77	\$0.00	.8	\$211.01
PHYSICIAN	139,367	308,475	902,442	\$20,269,726.34	\$22.46	\$43.46	6.5	\$145.44
CLINIC SERVICES	24,528	35,569	37,169	\$4,703,761.11	\$126.55	\$10.08	1.5	\$191.77
MEP CASE MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
LAB AND RADIOLOGICAL	17,961	26,633	41,917	\$747,989.23	\$17.84	\$1.60	2.3	\$41.65
HABILITATION SERVICES	3,334	8,770	112,441	\$5,391,272.06	\$47.95	\$11.56	33.7	\$1,617.06
REMEDIAL SERVICES	13,617	24,131	360,696	\$4,856,735.41	\$13.46	\$10.41	26.5	\$356.67
REHAB SUPPORT SERVICES	3	0	77-	\$6,206.97-	\$80.61	\$0.01-	25.7-	\$2,068.99-
AMBULANCE SERVICES	3,023	3,520	3,498	\$404,563.46	\$115.66	\$0.87	1.2	\$133.83
LOCAL EDUCATION AGENCY	1,590	4,314	395,839	\$3,919,913.66	\$9.90	\$8.40	249.0	\$2,465.35
EARLY ACCESS SERVICES	204	403	544	\$6,289.04	\$11.56	\$0.01	2.7	\$30.83
PRESCRIBED DRUGS	147,917		423,078	\$24,093,249.42	\$56.95	\$51.65		\$162.88
		479,068 O	423,070	·	\$0.00	\$0.00	2.9	\$0.00
DRUG CAPITATION NEMT SERVICES	0		_	\$0.00			.0	
	365,829	381,432	381,042	\$815,429.88	\$2.14	\$1.75	1.0	\$2.23
INDIAN HEALTH SERVICES	44	56	56	\$16,184.00	\$289.00	\$0.03	1.3	\$367.82
FAMILY PLANNING SERVICES	8,794	10,152	10,235	\$973,806.25	\$95.14	\$2.09	1.2	\$110.74
IOWA PLAN PROGRAM	416,686	396,035	395,412	\$12,343,016.91	\$31.22	\$26.46	.9	\$29.62
MANAGED SUBSTANCE ABUSE	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MENTAL HEALTH ACCESS PLAN	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
EPSDT SCREENING	7,123	8,127	8,105	\$1,292,139.52	\$159.42	\$5.00	1.1	\$181.40
HMO SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
PACE SERVICES	91	91	91	\$270,489.17	\$2,972.41	\$0.58	1.0	\$2,972.41
PATIENT MANAGEMENT	175,467	175,445	175,365	\$350,730.00	\$2.00	\$37.11	1.0	\$2.00
HEALTH INS PREMIUM PAYMENT	3,478	8,369	8,369	\$517,452.43	\$61.83	\$1.11	2.4	\$148.78
MEDICAL SUPPLIES	27,066		2,735,845	\$5,034,951.12	\$1.84	\$10.79	101.1	\$186.02
OTHER PRACTITIONER	19,087	30,234	94,258	\$3,387,025.16	\$35.93	\$7.26	4.9	\$177.45
FAMILY CENTERED PROGRAM	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PRESERVATION	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
TREATMENT FOSTER FAMILY CARE	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
GROUP TREATMENT THERAPY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
DENTAL	28,861	35,921	36,175	\$5,354,158.46	\$148.01	\$11.48	1.3	\$185.52
OPTOMETRIST	13,139	15,402	25,250	\$922,101.97	\$36.52	\$1.98	1.9	\$70.18
CHIROPRACTIC	9,822	18,711	46,014	\$552,465.11	\$12.01	\$1.18	4.7	\$56.25
PODIATRIC	5,240	6,353	26,510	\$260,880.95	\$9.84	\$0.56	5.1	\$49.79
PHYSICAL DISABILITIES SVCS	722	1,034	30,137	\$375,151.27	\$12.45	\$0.80	41.7	\$519.60
BRAIN INJ WAIVER SERVICES	1,076	2,668	57,991	\$1,942,858.68	\$33.50	\$4.17	53.9	\$1,805.63
PSYCHIATRIC	4,339	7,275	34,919	\$324,064.01	\$9.28	\$0.69	8.0	\$74.69
RESIDENTIAL CARE FACILITY	1,595	1,718	48,212	\$400,043.62	\$8.30	\$0.86	30.2	\$250.81

IAMM2200-R002 (MR-0-12) AS OF 01/31/11

## IOWA DEPARTMENT OF HUMAN SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEM

PAGE 2 RUN DATE 01/29/11

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TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)

(MONTHLY TOTALS AS OF 01/31/11)

CATEGORY OF SERVICE	RECIPIENTS NUMBER OF		UNITS OF	TOTAL	COST PER UNIT OF	COST PER UNITS PER ELIGIBLE RECIPIENT		COST PER
	SERVED	CLAIMS	SERVICE	PAYMENT	SERVICE		SERVED	SERVED
ID WAIVER SERVICE	10,327	20,831	709,272	\$28,887,787.30	\$40.73	\$2,673.80	68.7	\$2,797.31
CHILDRENS MENTAL HEALTH SVC	560	777	31,245	\$511,740.29	\$16.38	\$682.32	55.8	\$913.82
AIDS WAIVER SERVICES	40	67	3,311	\$39,053.43	\$11.80	\$976.34	82.8	\$976.34
ELDERLY WAIVER SERVICES	9,495	32,163	496,957	\$6,794,803.59	\$13.67	\$711.05	52.3	\$715.62
ILL & HANDICAPPED WAIVER SVCS	2,017	3,263	104,161	\$1,769,805.14	\$16.99	\$707.36	51.6	\$877.44
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	7,910	13,662	64,481	\$2,874,553.35	\$44.58	\$6.16	8.2	\$363.41
UNASSIGNED	16	0	0	\$2,042,254.37	\$0.00	\$4.38	.0	\$127,640.90
* ALL CATEGORIES *	437,928	2,260,151	10,045,323	\$270,418,909.52	\$26.92	\$579.76	22.9	\$617.50
			*** END OF	REPORT ***				